

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155516		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 11/07/2012	
NAME OF PROVIDER OR SUPPLIER PARKVIEW MEMORIAL HOSPITAL-CCC				STREET ADDRESS, CITY, STATE, ZIP CODE 2200 RANDALLIA DR FORT WAYNE, IN 46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code and Environmental Preoccupancy for the Addition of 10 T18 beds, one each in rooms 523 to 526, 528, 530 to 533 and 535 on 5 South and a Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 11/07/12</p> <p>Facility Number: 001203 Provider Number: 155516 AIM Number: N/A</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code and Environmental Preoccupancy survey, Parkview Memorial Hospital-CCC was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety From Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety</p>			K0000	This Plan of Correction constitutes our allegation of compliance.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Code (LSC) Chapter 19, Existing Health Care Occupancies, and with 410 IAC 16.2-3.1-19, Environment and Physical Standards of the Indiana Health Facilities Rules for Comprehensive care facilities for the addition of ten beds in the aforementioned rooms.</p> <p>The fully sprinklered facility is located on the fifth floor, 5 South and 5 South Extended Unit, of a nine story hospital of Type I (332) construction with a basement. The facility has a fire alarm system with hard wired smoke detection at the corridor smoke barrier doors, areas open to the corridor and in all 25 resident rooms on the 5 South Extended Unit. Battery operated smoke detectors are in the 10 resident rooms on 5 South. The facility has a capacity of 31 and had a census of 27 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage, however, it was found in compliance with the state law in regard to smoke detector</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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	<p>coverage.</p> <p>All areas where the residents have customary access were sprinklered, except the resident room closets on 5 South. All areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/14/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 10 of 10 resident room closets on 5 South in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. These resident rooms are not occupied at this time but this deficient practice could affect staff.</p> <p>Findings include:</p> <p>Based on an observations with the Administrator, Director of Facility Engineering, Facility Supervisor, Facility Manager # 1 and Facility</p>			K0056	<p>Plan of Correction K 00561. On November 7, 2012, Facilities Director contacted vendor to obtain quote to install sprinklers in the patient room closets.2. On November 12, 2012, Shambaugh & Son submitted a quote to install sprinklers in the patient room closets. (Exhibit #1)3. The vendor quote was accepted and the sprinklers installation in the closets is scheduled to be complete Nov 21, 2012.4. The Facilities Director or designee will ensure the sprinklers installed in the patient room closets are functional in line with the Fire Sytem preventative maintenance schedule.</p>		11/21/2012

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	<p>Manager # 2 on 11/07/12 during the tour from 11:00 a.m. to 12:10 p.m., the resident room closets in the 5 South hall lacked sprinkler coverage. This was acknowledged by the Administrator, Director of Facility Engineering and the Facility Supervisor at the time of observations.</p> <p>3.1-19(b) 3.1-19(ff)</p>						